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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35795 (6)

1. Corporation Name:
THE VILLAS OF SOMERSET AT THE PLANTATION CONDOMINIUM OWNERS ASSOCIATION, INC.



Principal Place of Business: 899 WOODBRIDGE DR VENICE FL 34293
Mailing Address: 899 WOODBRIDGE DR VENICE FL 34293-4313

3. Date Incorporated or Qualified: 12/26/1989
3a. Date of Last Report: 06/19/1996
4. FLI Number: 65-0190677
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent: DOUGLASS, JESSICA
ADVANCED MANAGEMENT, INC.
899 WOODBRIDGE DRIVE
VENICE FL 34293

10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Jessica E. Douglass - Jessica E. Douglass Agent 2-18-97

12. OFFICERS AND DIRECTORS
VPD DRATH, FRED 899 WOODBRIDGE DR VENICE FL 34293
VD WARREN, H. C 899 WOODBRIDGE DR VENICE FL 34293
PD HELFRICK, MARY 899 WOODBRIDGE DR VENICE FL 34293
SD HALLMAN, KEITH 899 WOODBRIDGE DR VENICE FL 34293
TD NATIRI, SILVIO 899 WOODBRIDGE DR VENICE FL 34293

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE; 12 NAME; 13 STREET ADDRESS; 14 CITY - ST - ZIP; 21 TITLE; 22 NAME; 23 STREET ADDRESS; 24 CITY - ST - ZIP; 31 TITLE; 32 NAME; 33 STREET ADDRESS; 34 CITY - ST - ZIP; 41 TITLE; 42 NAME; 43 STREET ADDRESS; 44 CITY - ST - ZIP; 51 TITLE; 52 NAME; 53 STREET ADDRESS; 54 CITY - ST - ZIP; 61 TITLE; 62 NAME; 63 STREET ADDRESS; 64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Handwritten Signature] 2-18-97 941-493-0287

CR2E037 (9/96)